

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029873 (5)

1. Corporation Name

TILE & MARBLE CREATIONS, INC.



Principal Place of Business

Mailing Address

454 WHISPERING LAKES BLVD.
TARPON SPRINGS FL 34689

454 WHISPERING LAKES BLVD.
TARPON SPRINGS FL 34689

8441 Ashford Pl
New Port Richey FL 34655

8441 Ashford Pl
New Port Richey
FL 34655

2. Principal Place of Business

2a. Mailing Address

21 8441 Ashford Pl

26 8441 Ashford Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 New Port Richey FL

28 New Port Richey FL

Zip

Country

Zip

Country

24 34655

25

29 34655

30

3. Date Incorporated or Qualified

04/23/1993

3a. Date of Last Report

04/20/1995

4. FET Number

65-0402301

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTAFIO, ANDREW T

454 WHISPERING LAKES BLVD.
TARPON SPRINGS FL 34689

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Andrew Contafio

4/16/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME CONTAFIO, ANDREW T
STREET ADDRESS 454 WHISPERING LAKES BLVD.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME CONTAFIO, TAMMY L
STREET ADDRESS 454 WHISPERING LAKES BLVD.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME MECKLEY, JAMES M
STREET ADDRESS 3831 SUNRISE LANE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME MECKLEY, DEBBIE G
STREET ADDRESS 3831 SUNRISE LANE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Contafio

4/18/96 (813) 376 0228

CR2E034 (12/95)